

EXHIBIT A

IN THE COURT OF COMMON PLEAS
OF DAUPHIN COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

Thomas Ray
1870 Geryville Pike W
East Greenvil, PA 18041,

Plaintiff

2014 CV 463

v.

National Recovery Agency, Inc.

2491 Paxton Street
Harrisburg, PA 17111

and

X,Y,Z Corporations

Defendant

Jury Trial Demanded

DAUPHIN COUNTY
PENNA

2015 JAN -8 AM 8:58

RECEIVED
OFFICE OF
PROthonotary

NOTICE TO DEFEND

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and Notice are served by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the Court without further notice to you for any money claimed in the Complaint or for any other claim or relief requested by Plaintiff(s). You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

MID-PENN LEGAL SERVICES
213-A N. Front St., Harrisburg, PA 17101-2240
(800) 326-9177

100 South Street, Harrisburg, PA 17101 •
P.O. Box 186, Harrisburg, Pennsylvania 17018
717-238-6715 800.932.0311

IN THE COURT OF COMMON PLEAS
OF DAUPHIN COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

Thomas Ray
1870 Geryville Pike W
East Greenvil, PA 18041,

Plaintiff

2014 CV 463

v.
National Recovery Agency, Inc.
2491 Paxton Street
Harrisburg, PA 17111
and
X,Y,Z Corporations

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COMPLAINT

RECEIVED
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2015 JAN - 8 AM 8:58
DAUPHIN COUNTY
PENNA

1. This is an action for damages brought by an individual consumer for Defendant's violations of the Fair Debt Collection Practices Act, 15 U.S.C. 1692, et seq. (hereinafter "FDCPA").
2. All previous paragraphs of this complaint are incorporated by reference and made a part of this complaint.
3. Plaintiff is Thomas Ray, an adult individual with a current address of 1870 Geryville Pike W, East Greenvil, PA 18041.
4. Defendant is National Recovery Agency, Inc. with a principle place of business located at 2491 Paxton Street, Harrisburg, PA 17111.

**COUNT ONE: Violation of Fair Debt Collection Practices Act
15 USC 1692 et. seq.**

5. The previous paragraphs of this complaint are incorporated by reference.
6. At all times mentioned in this Complaint, Plaintiff was a consumer debtor as defined by the Fair Debt Collections Practices Act (FDCPA), 15 USC 1692 et. Seq.
7. At all times mentioned in this Complaint Defendant was is a debt collector as defined by the FDCPA, 15 USC 1692 et. seq.
8. At all times mentioned in this Complaint. Defendant was attempting to collect on an alleged consumer debt against Plaintiff for an ambulance bill from Central Bucks Ambulance and Rescue Unit
9. Prior to the commencement of this action, Defendant(s) contacted Plaintiff by various written letters about said debt Central Bucks Ambulance and Rescue Unit. The letters indicated there was a principle amount due to Central Bucks Ambulance and Rescue Unit of \$1,318.39, plus \$329.60 in "cost," for a total alleged balance of \$329.60. See attached exhibits.
10. Plaintiff never agreed to pay Central Bucks Ambulance and Rescue Unit any costs associated with the collection of the account.

11. Any contract which Plaintiff might have had with Central Bucks Ambulance and Rescue Unit would have been under the theory of implied contract or quantum meruit only, and not for any costs associated with the collection of the account.
12. Plaintiff never agreed to pay Central Bucks Ambulance and Rescue Unit \$329.60 in “costs” under any circumstance.
13. Plaintiff was never legally responsible for \$329.60 in “costs,” and did not owe the money.
14. Defendant(s) knew or should have known that Plaintiff did not legally owe \$329.60 in “costs.”
15. Defendant(s) knew or should have known that Plaintiff never expressly agreed to pay \$329.60 in “costs.”
16. By adding on unauthorized \$329.60 in “costs,” Defendants committed a violation of 15 USC 1692(f)(1) which prohibits the collection of any amount (including any interest, fee, charge, or expense incidental to the principal obligation) unless such amount is expressly authorized by the agreement creating the debt or permitted by law.
17. By claiming for \$329.60 in “costs,” Defendants committed a violation of 15 USC 1692e(2)(A) which prohibits misrepresentation of the character and amount of the debt.

LIABILITY

18. All previous paragraphs of this complaint are incorporated by reference and made a part of this complaint.
19. Defendant is liable for the acts committed by its agents under the doctrine of respondeat superior because Defendant's agents were acting within the scope of their employment with Defendant.
20. In the alternative, Defendant is liable for the conduct of its agents / employees under the theory of joint and several liability because Defendant and its agents / employees were engaged in a joint venture and were acting jointly and in concert.
21. It is believed and averred that the named Defendant(s) were acting jointly and in concert.
22. In the alternative, it is believed and averred that the named Defendant(s) were acting in an agency relationship.

DAMAGES

23. All previous paragraphs of this complaint are incorporated by reference.
24. Plaintiff believed and avers that Plaintiff is entitled to at least \$1.00 actual damages, including but not limited to phone, fax, stationary, postage, etc.
25. Plaintiff believed and avers that Plaintiff is entitled to \$1,000.00 statutory damages under the FDCPA 15 USC 1692k, or other amount determined by this Honorable Court.
26. Plaintiff was angered, distressed and disgusted about the aforementioned misconduct of Defendant. For purposes of a default judgment, Plaintiff believes and avers that such distress should have a dollar value of at least \$5,000.00.

ATTORNEY FEES

27. All previous paragraphs of this complaint are incorporated by reference and made a part of this complaint.

28. Plaintiff believes and avers that Plaintiff is entitled to reasonable attorney fees for prosecuting this action.

29. Plaintiff believes and avers that the reasonable rate for attorney fees for prosecuting this action is \$350.00 per hour, or other rate approved by this Honorable Court.

30. Plaintiff believes and avers that such attorney fees should amount to no less than \$2,100.00 enumerated below.

- | | |
|---|---|
| a. Consultation with client and review of file. Assisting client to dispute account with Defendant and with CRAs on multiple occasions. | 2 |
| b. Drafting, editing, review, filing and service of complaint and related documents | 2 |
| c. Follow up with Defendant(s) and client | 2 |

6 x \$350 = \$2,100

31. Plaintiff's attorney fees continue to accrue as the case move forward.

OTHER RELIEF

32. All previous paragraphs of this complaint are incorporated by reference and made a part of this portion of the complaint.
33. Plaintiff seeks injunctive relief barring further unlawful collection activity.
34. Plaintiff seeks such other relief as this Honorable Court may deem just and proper.
35. Plaintiff seeks the filing fee for prosecuting this action.
36. Plaintiff seeks costs for prosecuting this action.
37. Plaintiff requests / demands a jury trial in this matter

Wherefore, plaintiff demands judgment against defendant in the amount of \$8,101.00 enumerated below.

\$1.00 more or less actual damages.

\$1,000.00 statutory damages for Count One FDCPA

\$2,100.00 attorney fees

\$5,000.00 emotional distress

\$8,101

Vicki Piontek
Vicki Piontek, Esquire
Attorney for Plaintiff
951 Allentown Road
Lansdale, PA 19446
877-737-8617
Fax: 866-408-6735
palaw@justice.com

1-5-2015
Date

IN THE COURT OF COMMON PLEAS
OF DAUPHIN COUNTY, PENNSYLVANIA
CIVIL ACTION-LAW

Thomas Ray
1870 Geryville Pike W
East Greenvil, PA 18041,

Plaintiff

2014 CV 463

v,
National Recovery Agency, Inc.
2491 Paxton Street
Harrisburg, PA 17111

Jury Trial Demanded

and
X,Y,Z Corporations

Defendant

VERIFICATION

I, Thomas Ray, affirm that the statements contained in the attached amended complaint are true and correct to the best of my knowledge, understanding and belief.


Thomas Ray 12-30-2014
Date

EXHIBITS

NATIONAL RECOVERY AGENCY2491 Paxton Street, Harrisburg PA 17111
Toll Free: (800) 360-4319Thomas Ray
1870 Geryville W
East Greenville, PA 18041-2019PIN #: 43643534
NRA ID: YCK780
TOTAL DUE: \$1,647.99

Dear Thomas Ray,

Your account has been forwarded to this office for collections.

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

Below is a listing of accounts included in the total amount due listed above:

ORIGINAL CREDITOR	ACCOUNT #	DATE	AMOUNT	INTEREST	COSTS	AMT OWED
CENTRAL BUCKS AMB & RESCUE SQ	12-93030	06/30/12	1,318.39	.00	329.60	1647.99

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request of this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

Unless you dispute this debt, your payment should be made directly to this office. Please choose one of the following methods of payment. Please note that a service charge of twenty dollars will be added to all checks returned to us by your bank as permitted by law.

NOTICE: SEE REVERSE SIDE FOR IMPORTANT NOTICES AND CONSUMER RIGHTS**PAYMENT OPTIONS**

Telephone Hours:
Monday - Thursday 8:00 A.M. to 8:30 P.M.
Friday 8:00 A.M. to 5:00 P.M.
Saturday 8:00 A.M. to 12:30 P.M.
Eastern Standard Time
(800) 360-4319



Send Mail To:
NATIONAL RECOVERY AGENCY
PO BOX 67015
HARRISBURG, PA 17106-7015



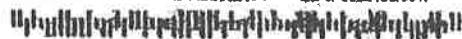
Via Internet:
Pay online by credit card
or check at
www.nationalrecovery.com

Calls to or from NATIONAL RECOVERY AGENCY may be recorded or monitored.

To ensure proper credit to your account please detach bottom portion and return it with payment in the enclosed envelope.

PO Box 67015
Harrisburg, PA 17106-7015Toll Free: (800) 360-4319
Statement Date: March 23, 2013

NRAC018 201138000170 0029/00291900017

Thomas Ray
1870 Geryville W
East Greenville, PA 18041-2019

PAYMENT BY CREDIT CARD, FILL OUT BELOW			
<input checked="" type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
CARD NUMBER		SECURITY CODE	
SIGNATURE		EXP. DATE	
TOTAL DUE \$1,647.99	PAYMENT AMOUNT	NRA ID # YCK780	
For Online Payments visit www.nationalrecovery.com			

MAKE PAYMENT AND REMIT TO:

NATIONAL RECOVERY AGENCY
PO Box 67015
Harrisburg, PA 17106-7015

Self-Addressed stamped envelope is required for return receipts.

Thomas Ray
1870 Geryville W
East Greenville, PA 18041

National Recovery Agency
2491 Paxton Street
Harrisburg, PA 17111

RE: Alleged Creditor: Central Bucks Ambulance and Resque Sq.
Account Number 12-83030
Alleged Balance \$1,647.99

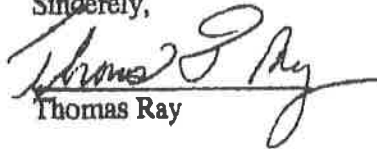
To Whom it May Concern:

I wish to dispute the above referenced account. I request validation of the alleged debt. I request verification of the alleged debt.

Please explain what the \$329.60 in "costs" refers to.

I request proof of the fair market value of the services rendered. How did the original alleged creditor compute the amount that they claim was owed.

Sincerely,


Thomas Ray

04-23-2013
Date

■ Complete form
Item 4 if Return
■ Print name
no fee
■ Mark
or

1. Article Addressed to:
Nat R
2491 Paxton St
Larrisburg PA 17043

2. Article Number
(Barcode)
7011 2970 0000 7365 6486

PS Form 3800, 1-1-14

3. Return to Sender
a. Return to Sender
b. Return to Addressee
c. Return to Delivery
d. Return to Post Office

4. Insurance
a. Insured
b. Not Insured

5. Signature
a. Signature
b. Signature for Merchandise

6. Yes
7. No

PO BOX 67015
HARRISBURG, PA 17106-7015

NATIONAL RECOVERY AGENCY
A PROFESSIONAL COLLECTION AGENCY
(717) 540-5605
(800) 360-4319

04/29/13

IN RE: CENTRAL BUCKS AMB & RESCUE SQ	TOTAL AMOUNT DUE: \$1,647.99
ACCT#: 12-83030	DATE OF SERVICE: 06-30-12

YCK780/J2 201139765533 0000288/0003
Thomas Ray
1870 Geryville W
East Greenville, PA 18041-2019



SEND TO:

NATIONAL RECOVERY AGENCY
PO BOX 67015
HARRISBURG, PA 17106-7015

Dear Thomas Ray,

Our offices are in receipt of your letter of dispute pursuant to 15 U.S.C. § 1681 s-2 of the Fair Credit Reporting Act. Please be advised we have contacted our client who has confirmed the name and address listed on the account as well as the amount owed. Based on our investigation of your dispute, it is our position we have identified you as the correct consumer for this account.

In acknowledgement of your dispute, we have requested that consumer reporting agencies report the account as disputed. Consumer reporting agencies may take up to 30 days or longer to update reports and this is beyond our control.

Listed below is a summary of the charges on the account and any applicable fees or interest. Should you have any questions regarding this account or if you wish to discuss payment arrangements, please feel free to contact us at the number listed above. We look forward to helping you resolve this matter.

Creditor	Account #	Principal	Interest	All Costs	Serv Date
CENTRAL BUCKS AMB & RESCUE SQ	12-83030	1,318.39	.00	329.60	06/30/12

Your payment should be made directly to this office for prompt credit to your account. A service charge of \$20.00 will be added to all checks returned to us by your bank as permitted by law. Should you desire a receipt, a self-addressed, stamped envelope is required. For payment options please see reverse side of this notice or visit our secure website at www.nationalrecovery.org. The purpose of this communication is to collect a debt and any information will be used for that purpose.

Sincerely,

NATIONAL RECOVERY AGENCY
This communication is from a debt collector.

***Please contact your account representative CHARLENE SARVER at extension 6748 regarding this account.

NRA/ALS-J2

NRA ID #: YCK780

Calls to or from National Recovery Agency may be monitored or recorded.
PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION

NATIONAL RECOVERY AGENCY

FULL SERVICE COLLECTION AGENCY

PHYSICAL ADDRESS:
2491 Paxton Street
Harrisburg, PA 17111

HOURS OF OPERATION
Monday-Thursday 8:00AM-8:30PM (EST)
Friday 8:00AM-5:00PM (EST)
Saturday 8:00AM-12:30PM (EST)

P.O. Box 87015
Harrisburg, PA 17106-7015
(717) 540-6805
(800) 380-4319

May 9, 2013

THOMAS RAY
1870 GERVILLE FIRE W
EAST GREENVIL, PA 18041

IN RE: CENTRAL BUCKS AMB & RESCUE SQ
ACCT#: 12-83030
AMOUNT DUE: 1647.99
ID NUMBER: YCK780

DEAR THOMAS RAY

ENCLOSED PLEASE FIND A COPY OF:

- _____ THE PAYMENT HISTORY YOU REQUESTED. AFTER REVIEW, PLEASE REMIT THE BALANCE(S) BY RETURN MAIL.
- ☒ THE BREAKDOWN FOR THE BALANCE(S) OWED TO THE ABOVE REFERENCED CLIENT(S). AFTER REVIEW, PLEASE REMIT THE BALANCE(S) BY RETURN MAIL. THE ITEMIZED BILL(S) YOU REQUESTED. AFTER REVIEW, PLEASE REMIT THE BALANCE(S) BY RETURN MAIL.
- _____ THIS REPRESENTS THE BALANCE(S) DUE, WHICH WAS NOT PAID BY YOUR INSURANCE. THIS IS YOUR RESPONSIBILITY AND MUST BE PAID TO THIS OFFICE IMMEDIATELY.
- _____ THE BREAKDOWN OF THE ABOVE LISTED AMOUNT(S) DUE IS PRINCIPLE
_____ COLLECTION CHARGES _____ INTEREST _____

BELOW IS A LISTING OF ACCOUNTS INCLUDED IN THE AMOUNT DUE:

Creditor	Account #	Amt Owed	ServDate
CENTRAL BUCKS AMB & RESCUE	12-83030	1647.99	06/30/12

PLEASE NOTE THERE MAY BE SOME ADDITIONAL ACCOUNTS NOT REFLECTED ABOVE:

THE PURPOSE OF THIS COMMUNICATION IS TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. THIS COMMUNICATION IS FROM A DEBT COLLECTOR. A SERVICE CHARGE OF \$20.00 WILL BE ADDED TO ALL CHECKS RETURNED TO US BY YOUR BANK AS PERMITTED BY LAW.

SINCERELY,

CHARLENE SARVER
ACCOUNT REPRESENTATIVE
N1

Central Bucks Ambulance and Rescue Unit

PO BOX 636
BALDWINSVILLE, NY 13027
Tax ID: 288381184

Run Number:

12-83030

MultiMed Billing Service



Toll Free (800) 927-6845



Local (315) 835-1789



Fax (315) 835-3289

Please be advised that should your account be forwarded to a collection agency, you will be held responsible for all collection costs, including but not limited to collection agency fees, attorney fees, court costs, etc. Please forward payment in full.

ADDRESSEE

THOMAS F RAY
1870 GERYVILLE PIKE WEST
EAST GREENVILLE, PA 18041

PATIENT

THOMAS F RAY
1870 GERYVILLE PIKE WEST
EAST GREENVILLE, PA 18041

Date		Address		Hospital		Insurance	
08/30/2012		538 S MAIN ST		DeyMedown Hospital		Highmark Blue Card Program ERI Patient	
11/08/2012 03/04/2013	ALB1 Emergency Base Rate	1	\$1,600.00				\$1,600.00
	Mileage	3	\$18.00				\$48.00
	Personal Check Payment				57008933		\$419.81
	Transferred to Collection						\$1,316.39
							\$0.00

DETACH ALONG LINE AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

<input type="checkbox"/> Check / Money Order		Amount Enclosed \$
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		
CARD NUMBER	EXPIRATION	NAME OF CARDHOLDER
PAYEE NAME	ADDRESS	CITY AND STATE
ZIP	PHONE	DATE
SIGNATURE		INITIALS

REMIT TO

Central Bucks Ambulance and Rescue Unit
PO BOX 636
BALDWINSVILLE, NY 13027

I HEREBY CERTIFY THAT THIS CHECK

12-83030	\$0.00
08/07/2013	05/21/2013
THOMAS F RAY	

I HEREBY CERTIFY THAT THIS CHECK IS NOT BEING DEPOSITED INTO MY ACCOUNT

Thomas Ray
1870 Geryville Pike W
East Greenville, PA 18041

National Recovery Agency
2491 Paxton Street
Harrisburg, PA 17111

RE: **Alleged Creditor: Central Bucks Ambulance and Resque Sq.**
 Account Number 12-83030
 Alleged Balance \$1,647.99

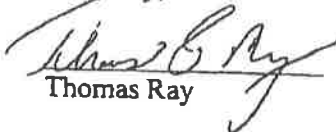
To Whom it May Concern:

I wish to dispute the above referenced account. I request validation of the alleged debt. I request verification of the alleged debt.

Please explain what the \$329.60 in "costs" refers to.

I request proof of the fair market value of the services rendered. How did the original alleged creditor compute the amount that they claim was owed.

Sincerely,


Thomas Ray

10/23/2013
Date

7011 3500 0002 3160 2777

U.S. Postal Service [®]	
CERTIFIED MAIL [®] RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To National Recovery Agency Street, Apt. No. or PO Box No. 2491 Paxton St City, State, ZIP+4 [®] Harrisburg, PA 17111	
PS Form 3800, August 2006 See Reverse for Instructions	

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$ 30.46	0846
Certified Fee	\$3.00	97
Return Receipt For (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 36.01	11/20/2013

Postmark Here

7011 3500 0002 3160 2777

Mail To
National Recovery Agency
 Street, Apt. No.,
 or PO Box No. **2491 Patton St**
 City, State, ZIP+4[®] **Harrisburg PA 17111**

PS Form 3800, August 2006 See Reverse for Instructions

NATIONAL RECOVERY AGENCY
A PROFESSIONAL COLLECTION AGENCY
(717) 340-3605
(800) 360-4319

11/27/13

IN RE: CENTRAL BUCKS AMB & RESCUE SQ	TOTAL AMOUNT DUE: \$1,647.99
ACCT#: 12-83030	DATE OF SERVICE: 06/30/12

YCK7800J2 201150743742

0000125/0001

SEND TO:[illegible]

1957-1958

Thomas Ray
1870 Geryville W
East Greenville, PA 18041-2019

NATIONAL RECOVERY AGENCY
PO BOX 67015
HARRISBURG, PA 17106-7015

從

4743

Dear Thomas Ray,

Our offices are in receipt of your letter of dispute pursuant to 15 U.S.C. § 1681 s-2 of the Fair Credit Reporting Act. Please be advised we have contacted our client who has confirmed the name and address listed on the account as well as the amount owed. Based on our investigation of your dispute, it is our position we have identified you as the correct consumer for this account.

In acknowledgement of your dispute, we have requested that consumer reporting agencies report the account as disputed. Consumer reporting agencies may take up to 30 days or longer to update reports and this is beyond our control.

Listed below is a summary of the charges on the account and any applicable fees or interest. Should you have any questions regarding this account or if you wish to discuss payment arrangements, please feel free to contact us at the number listed above. We look forward to helping you resolve this matter.

Creditor	Account #	Principal	Interest	All Costs	Serv Date
CENTRAL BUCKS AMB & RESCUE SO	12-83030	1,318.39	.00	329.60	06/30/12

Your payment should be made directly to this office for prompt credit to your account. A service charge of \$20.00 will be added to all checks returned to us by your bank as permitted by law. Should you desire a receipt, a self-addressed, stamped envelope is required. For payment options please see reverse side of this notice or visit our secure website at www.nationalrecovery.com. The purpose of this communication is to collect a debt and any information will be used for that purpose.

Sincerely,

NATIONAL RECOVERY AGENCY
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***Please contact your account representative CHARLENE SARVER at extension 6748 regarding this account.

NRA/ALS-J2

NRA ID #: YCK780

Calls to or from National Recovery Agency may be monitored or recorded.

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Thomas Ray
1870 Geryville Pike W
East Greenville, PA 18041
(215) 966-2437

National Recovery Agency
2491 Paxton Street
Harrisburg, PA 17111

By Certified U.S. Mail

RE: **Alleged Creditor: Central Bucks Ambulance and Rescue Sq.**
 Account Number 12-83030
 Alleged Principal \$1,380.39
 Alleged Collection Costs \$329.60
 Alleged Total Balance \$1,647.99

To Whom it May Concern:

I wish to dispute the above referenced account.

Please explain what the \$329.60 in "costs" refers to. I never agreed to pay any collection costs to Central Bucks Ambulance and Rescue Sq. I never signed anything agreeing to pay collection costs for this account. You are not permitted to charge me collection costs which I never agreed to.

Also, I request proof of the fair market value of the services rendered. How did the original alleged creditor compute the amount that they claim was owed?

Sincerely,


Thomas Ray

11/18/2013
Date

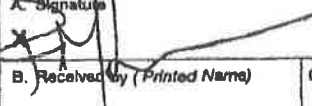
U.S. MAIL
7012 8881 0000 0121 1710

For delivery information	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Save To
National R
Street, Apt. No.
or PO Box No. 2491
City, State, Zip
Harrisburg

7013 1710 0000 1486 7116

U.S. Postal Service	
CERTIFIED MAIL [®] RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
HARRISBURG, PA 17111	
Postage	\$ 0.65
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.11
NOV 29 2013	
11/29/2013	
RAY	
Sent To	
National Recovery Agency	
Street, Apt. No., or PO Box No. 2491 Paxton St	
City, State, ZIP+4 [®]	
Harrisburg, PA 17111	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>12-3</u></p>
<p>1. Article Addressed to:</p> <p>National Recovery Agency 2491 Paxton Street Harrisburg, PA 17111</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7013 1710 0000 1488 7116</p>
PS Form 3811, February 2004	Domestic Return Receipt RAY 102595-02-M-1540

NATIONAL RECOVERY AGENCY

FULL SERVICE COLLECTION AGENCY

PHYSICAL ADDRESS:
2491 Paxton Street
Harrisburg, PA 17111

HOURS OF OPERATION
Monday-Thursday 8:00AM-8:30PM (EST)
Friday 8:00AM-5:00PM (EST)
Saturday 8:00AM-12:30PM (EST)

P.O. Box 67015
Harrisburg, PA 17106-7015
(717) 540-5605
(800) 360-4319

Jan 21, 2014

THOMAS RAY
1870 GERVILLE PIKE W
EAST GREENVIL, PA 18041

IN RE: CENTRAL BUCKS AMB & RESCUE SQ
ACCT#:
AMOUNT DUE: 1647.99
ID NUMBER:

DEAR THOMAS RAY

ENCLOSED PLEASE FIND A COPY OF:

____ THE PAYMENT HISTORY YOU REQUESTED. AFTER REVIEW, PLEASE REMIT
THE BALANCE(S) BY RETURN MAIL.
~~X~~ THE BREAKDOWN FOR THE BALANCE(S) OWED TO THE ABOVE REFERENCED
CLIENT(S). AFTER REVIEW, PLEASE REMIT THE BALANCE(S) BY RETURN MAIL.
THE ITEMIZED BILL(S) YOU REQUESTED. AFTER REVIEW, PLEASE REMIT
THE BALANCE(S) BY RETURN MAIL.
____ THIS REPRESENTS THE BALANCE(S) DUE, WHICH WAS NOT PAID BY YOUR
INSURANCE. THIS IS YOUR RESPONSIBILITY AND MUST BE PAID TO
THIS OFFICE IMMEDIATELY.
____ THE BREAKDOWN OF THE ABOVE LISTED AMOUNT(S) DUE IS PRINCIPLE
____ COLLECTION CHARGES ____ INTEREST ____

BELOW IS A LISTING OF ACCOUNTS INCLUDED IN THE AMOUNT DUE:

Creditor	Account #	Amt Owed	ServDate
CENTRAL BUCKS AMB & RESCU		1647.99	06/30/12

PLEASE NOTE THERE MAY BE SOME ADDITIONAL ACCOUNTS NOT REFLECTED ABOVE:

THE PURPOSE OF THIS COMMUNICATION IS TO COLLECT A DEBT AND ANY
INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. THIS COMMUNI-
CATION IS FROM A DEBT COLLECTOR. A SERVICE CHARGE OF \$20.00 WILL BE
ADDED TO ALL CHECKS RETURNED TO US BY YOUR BANK AS PERMITTED BY LAW.

SINCERELY,

CHARLENE SARVER
ACCOUNT REPRESENTATIVE
N1

National Recovery Agency, Inc.
Attention: Chief Corporate Officer
2491 Paxton Street
Harrisburg, PA 17111